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BAKER BOTTS 2001 ROSS AVEN SUITE 600	I he Stat add tran	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/488,395 TITLE OF INVENTION: S	01/20/2000 YSTEM AND METH	OD FOR DETERMININ	Aravind Sitaraman NG SUBSCRIBER INFOR	MATION	062891.0328	4404
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	03/12/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
NGUYEN, DUSTIN 1. Change of correspondence address or indication		2154	709-229000			
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			* ***			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COU						ocument has been filed for
Cisco Systems, Inc. San Jose, California						
Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government						
4a. The following fec(s) are submitted: X Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-0384 (enclose an extra copy of this form).			
5. Change in Entity Status a. Applicant claims St			☐ b. Applicant is no long	ger claiming SMAL	L ENTITY status. See 37 CI	FR 1.27(g)(2).
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